

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90273 001 ****55.00

DOCUMENT # L01000001486

1. Entity Name
THE SAGEMONT VIRTUAL SCHOOL, LLC



Principal Place of Business
**2585 GLADES CIR
WESTON, FL 33327**

Mailing Address
**2585 GLADES CIR
WESTON, FL 33327**

DO NOT WRITE IN THIS SPACE



01272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1081399

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FINEBERG, LIBO B
3500 GATEWAY DRIVE, SUITE 201
POMPANO BEACH, FL 33069**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SAGEMONT CORP.
STREET ADDRESS	1570 TOWN CENTER CIRCLE
CITY - ST - ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	FINEBERG, LIBO B
STREET ADDRESS	3500 GATEWAY DRIVE, SUITE 201
CITY - ST - ZIP	POMPANO BEACH, FL 33069
TITLE	MGRM
NAME	GOLDMAN, RICHARD
STREET ADDRESS	1570 TOWN CENTER CIRCLE
CITY - ST - ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	GOLDMAN, RENEE
STREET ADDRESS	1570 TOWN CENTER CIRCLE
CITY - ST - ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Richard Goldman
Member/Manager

Date

Daytime Phone #

2-3-04 954-389-2454